## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-000679 DEPARTMENT OF PUBLIC HEALTH AND WELFARE STATE FILE MILMRED \_\_\_Registrar's No. \_\_\_\_/ Y Primary Registration District No. 44 Registration District No. NO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived.) f institution: Residence before 1 PLACE OF BEATH b. COUNTY a. COUNTY admission) VS 300 Rev. 4/59 b. CITY (If publide corporate limits, give TOWNSHIP only) Inside Limits Length of stay in 1b OΡ TOWN Value No 🗆 mo c. FULL NAME OF IT NOT in hospital, give location) HOSPITAL OF INSTITUTION (If outside, give location) Inside Limits A STREET 193 Reside on Farm DATE / ADDRESS Yes D ′No □ Yes □ No 🗗 190 3 NAME OF DECEASED Middle Last DATE Month Dav Year (Type or print) GROSS DEATH 9. AGE (last birthday) | IF UNDER 1 YEAR IF LINDER 24 HR COLOR OR MACE 7. Married Never Married | DATE OF BIRTH Months Hours Widowed V Divorced | 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (City and state 10a. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT COUNTRY work done during that of working life, even if retired) 2 13b. MOTHER'S MAIDEN NAME NAME OF HUSBAND OF 13a. FATHER'S NAME a 1214 SOCIAL SECURITY NO. Address WAS DECEASED EVER IN U.S. ARMED FORCES? 17. (Yes, no, or unknown) i (If yes, give war or dates of service) 200 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: CMSEI AND DEATH 10 CORD IMMEDIATE CAUSE (a) ង 11 EAD Conditions, if any, DUE TO (b) 12 1-0 INSTE which gave rise to above couse (a). stating the under-DUE TO (c) lying cause last. <u>ح</u> TO DEATH but not related to the terminal deceased was PART II. OFFER SIGNIFICANT CONDITIONS CONTRIBUTING there a pregnancy in last 90 days. ☐ Unknown **AMENDMENTS** 20 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES | NO | 20c. TIME OF Hour Month, Day, Year RIBBON n m STATE COUNTY 20e. PLACE OF INJURY (e.g., in or about home farm, factory, street, office bidg., str.) 201, CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK | *IYPEWRITER* REAL 21. I attended the deceased from the data states above, and to the best of my knowledge, from the causes stated. SHOULD 226. 5 GNAI Ιō AFFIDAVIT 23a. BURIAL, CREMONTION, REMOVAL (Septify) FUNERAL DIRECTOR TEM (Licensed Embalmer's Statement on Reverse Side)

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## STATEMENT BY LICENSED EMBALMER

1	hereby certify that the body whose name	is recorded on the reverse side of	this certificate was embalmed by me,
or by		The second secon	Student Embalmer No
	under my personal supervision.	Signed Ernest	Para hugan
Student_	Signature of Student Embalmer	Signed	73/6
į		•	onsed Embalmer No. 3. 3. 6. 8.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.